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BIBDATASHEET**CONFIRMATION NO. 8734**

Bib Data Sheet

SERIAL NUMBER 09/329,889	FILING DATE 06/10/1999 RULE	CLASS 703	GROUP ART UNIT 2123	ATTORNEY DOCKET NO. 005974/00011	
APPLICANTS STEPHANE BOUSSAC, ISSY LES MOULINEAUX, FRANCE; DENIS CAPOT-REY, PARIS, FRANCE; LAURENT JUGE, RUEIL-MALMAISON, FRANCE; ** CONTINUING DATA ***** <u>NO - KMN</u> ***** ** FOREIGN APPLICATIONS ***** <u>NO - KMN</u> ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/06/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>KMN</u> Examiner's Signature Initials		STATE OR COUNTRY FRANCE	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
ADDRESS 27383 CLIFFORD CHANCE US LLP 200 PARK AVENUE NEW YORK, NY 10166					
TITLE SWEEP VOLUME MODEL					
FILING FEE RECEIVED 1046	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/329,889	06/10/99	395	2763	005974/00011

APPLICANT STEPHANE BOUSSAC, ISSY LES MOULINEAUX, FRANCE; DENIS CAPOT-REY, PARIS, FRANCE; LAURENT JUGE, RUEIL-MALMAISON, FRANCE.

CONTINUING DOMESTIC DATA***
VERIFIED

NO. KJW

371 (NAT'L STAGE) DATA***
VERIFIED

NO. KJW

FOREIGN APPLICATIONS***
VERIFIED

NO. KJW

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/06/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>KJW</u> Examiner's Initials	FRX	8	20	5

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ROGERS & WELLS LLP
200 PARK AVENUE
NEW YORK NY 10166

TITLE SWEPT VOLUME MODEL

FILING FEE RECEIVED	FEEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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